

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **7911**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **2945** **Lawton Ave**, City **Keokuk** #2 St. Ward)

File No. **22518**

Registered No. **6348**

2. FULL NAME

(a) Residence, No. **2626 (R) Walnut** S. **21** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Solomon Henderson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1896		
7. AGE YEARS 37	MONTHS 9	DAYS 21
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Ed. Hinkle**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Mary Woods**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Esther Mary Shorrock**

(ADDRESS) **2945 Lawton Ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Father Dickson** DATE **June 28** 19**34**

19. UNDERTAKER **Wendell A. Son**

(ADDRESS) **2700 Wash. St.**

20. FILED **28** 19**34** **J. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/25** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **6/11/1934** to **6/25/1934**

I last saw him alive on **6/25/1934** Death is said

to have occurred on the date stated above, at **8:53 a.m.**

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset **6-19-34**

Diabetes mellitus

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **Russell A. Smith** M. D.

(Address) **2945 Lawton Ave**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

